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# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL.

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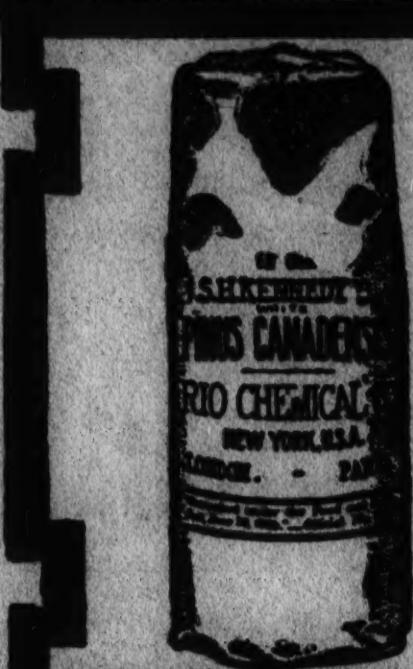
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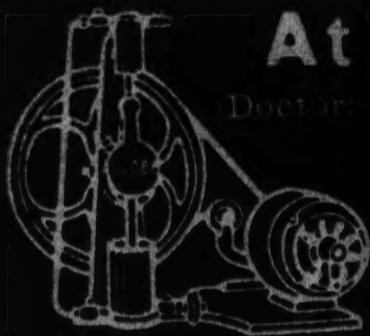
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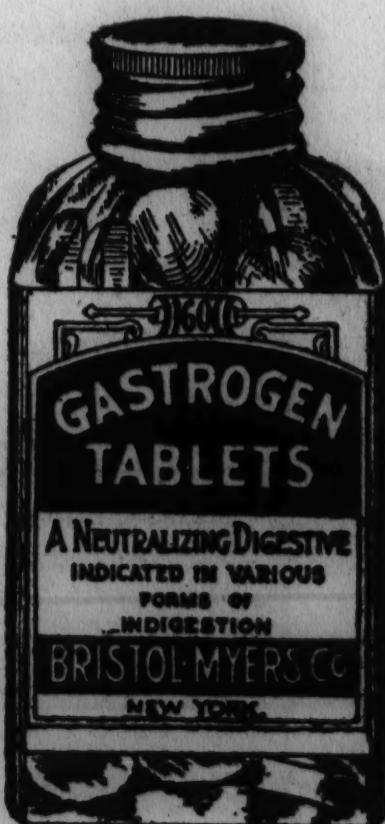
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A monthly journal devoted to the development and welfare of Eclectic Medicine on the Pacific Coast and publishing the lists of questions asked by Board of Medical Examiners of the State of California. ::

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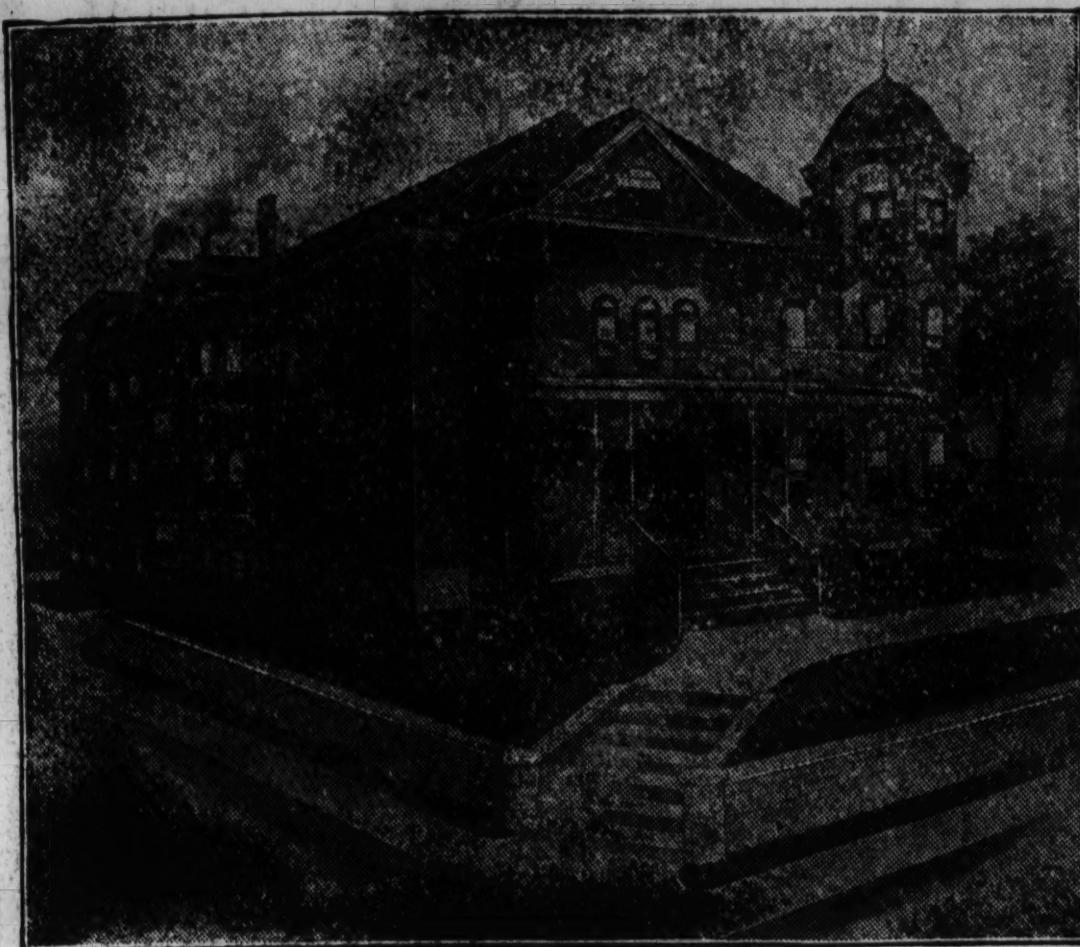
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# The California Eclectic Medical Journal

Vol. V.

OCTOBER, 1912

No. 10

## \* Original Contributions \*

### PERSONAL EXPERIENCE WITH BOILS.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

(Read before the Texas Eclectic Medical Association.)

Back in the seventies our school teacher one day asked my sister, "Where is Herman?" "He is sick," came the reply. The next day Miss Morrow again asked sister the same question and received the same reply. The teacher then retorted: "Yes; that is what you said yesterday; but what ails Herman?" when back came the mischievous reply: "He's got boils and can't sit down."

That is my first recollection of boils on Herman. About twelve years later I had my first experience as representative to a grand lodge and living at a \$3.00-day hotel at the expense of some one else. High living and ice water was too swift for Herman and I returned home a follower of Job, with a magnificent specimen over the Scaphoid bone of the left wrist. This necessitated a three-weeks' rest from manual labor, and while so enjoying(?) my enforced idleness, my mind and right hand were busy, and as a result of a correspondence with my preceptor and then a personal visit to consult over both the educational and financial requirements of a medical student, I matriculated for the honors of an M.D. Shall I exclaim with the song writer, "Blessed Be the Day and the effect of Boils?" If it is true that the human body renews itself about every seven years, it took Herman about four cycles to clean house. Then for ten years I was free of boils, until in 1902, when another important event in my life's history was written, when I moved to Texas and developed another crop of Job's comforters, which did not mature, though, till after I had my first experience with Rhus Poison, of which I told you a few years ago. Since then I have not been free of the pesky fellows till 1912.

No Specific Trait.—It may be well to impress upon you the fact that while I did not know either of my grand parents, I do know that neither of my parents or any of their children

ever had any specific disease; but all of my brothers and sisters, like myself, have been subject to boils. If any of us ever received any special treatment for them, as children, I do not remember it; but I do vividly remember I was often reminded that they were good for me and each one was worth \$5.00. I can now realize where the \$5.00 come in—if the boil is on the other fellow and I am his medical adviser.

It will not be my aim to quote you from Scudder, Thomas or Ellingwood, as neither of them quote Boils in their works on Therapeutics, which I take for granted implies that they consider boils as belonging to surgery, and every surgical authority consulted recommends the knife. Many patients will not consult the doctor for boils, on account of this known tendency of the too free use of the lance. So if you can gain a reputation for curing boils and such ailments without cutting, it will bring you a few extra dollars; and if you can abort them without the tedious and painful seven to ten days of development, it will bring you more dollars; and if you are the patient, and you can abort boils, the satisfaction is worth more than riches, especially if you have often received the friendly(?) advice, with a sneer, "Physician, heal thyself." I remember well Prof. Howe telling his class the location of a boil is never in just the right place, unless it is on the other fellow. If that other fellow is an M.D., the location is of much importance. With me, I got rather accustomed to having boils and for years accepted them as necessary evils, but I sure did desire them under the clothes and away from the gaze of my patients.

After three years of careless and indifferent treatment of myself and continued crops of boils, I decided they were not the insignificant ailments claimed, and not due notice in works on Therapeutics, so I resolved to give them more serious thought. I was successful, in so far as poulticing, lancing and healing, but what I wanted was no more boils, and if one did appear to abort it without the customary seven days of suffering and suppuration. In this I think I have been successful, and therefore this recitation of personal experiments on myself, of advice received from various sources. As I had a boil forming about every five days and many times two to twelve on my body at one time, I would experiment on each boil, or crop, differently; and if I thought I got good results from any certain treatment, for a while I would drop all others and use the one treatment till satisfied it was not what my system demanded, or did not shorten the time of cure. Anybody can cure boils, and so could I; but, as before stated, that was not what I was experimenting for. I wanted to abort and eradi-

cate future crops without the customary pain and suffering. You all know Hepar Sulphur is recommended as often for boils as Quinine is for chills. California Medical Journal, February, 1896 lauds Rhus where Hepar fails. Prof. Waterhouse in 1896 Gleaner, ties his faith to Echinacea; 1897 Eclectic Medical Journal says Raw Cranberry poultice will abort boils, if applied before too large. My classmate, El. Tiffany, in December, 1903, Eclectic Medical Journal, tells his personal experience and failure with Homeopath and Allopath physicians, and then complete and frequent cures by attending to the kidneys with Buchu.

A very readable article by W. K. Smith, in 1903 Eclectic Medical Journal, was frequently quoted in other periodicals. He aborted boils right now, or drew them to a head in two to twenty-four hours with Chloroform on a larded cloth. This burns like fire for a short time, then is followed by a pleasant relief, but as for aborting or drawing to a head better than any ordinary hot wet poultice, it failed for me in three trials. December, 1905, Medical World advises Aromatic Sulphuric Acid in 20-drop doses, three times a day, with a 40-years' success guarantee, and this treatment broke up a crop of boils so quickly for me that I cried Eureka! But after continuing the treatment three weeks for good measure, another crop appeared and I said —————? Next came a sure cure in September Medical World, 1911—Boracic Acid, Gr. xx three times a day, which seemed to act nicely, but failed to abort two following crops. Calcium Chloride in 1 grain doses to saturation was not indicated in my case, neither was Tr. Iodine, Echinacea, Veratrum or Thuja, locally or by sharpened stick, bored into the core. A reprint in May, 1910, Gleaner, by one Geo. T. Jackson, M.D., a professor of dermatology, was well written and seemed very plausible. This articles denies the constitutionality of boils, claiming they are positively local and due to irritation of the skin and needs no internal treatment. A crop of boils, according to his theory, is a result of the first one being improperly treated by the use of hot poultices and allowing some of the secretion to come in contact with the surrounding tissue. While his theory does not now appeal to me as correct, his local treatment (95 per cent Carbolic Acid bored into a small boil in its first stages or injected into a carbuncle) is the best I have used to kill the ones already formed. But this will not or has not in my hands, prevented more boils.

Prof. Howe also inclined to the belief that boils are local and advises poulticing until suppuration, and then free incisions; while internal remedies are merely tonics, and he adds that the people are prone to say "Boils are local manifestations

of systemic conditions, morbid in character." After much suffering and experimentation, I must confess to be one of the people, good Prof. Howe referred to, as I believe they are local manifestations of systemic conditions, morbid in character, appearing where the capillary circulation is weak, assisted by irritation. I do not believe a crop of boils is the result of pus from a lanced or poulticed boil, coming in contact with surrounding tissue. A person having his first boil, or crop of them, will find they are due to a wrong diet, disorganized stomach, liver or kidneys, aggravated by a cold, and if you will study his case, correct his diet and treat the affected orifice or carbolic acid only. It is mighty poor satisfaction to the fellow with the boil, if you turn it into a carbolic acid sluff, with its tedious, slow healing, and do not abort another crop.

A medical friend treated two large boils for me, by free incisions and liberal applications of carbolic acid, repeating the operation three days in succession. I hold no grudge, as I learned something by his heroic daily treatment; but after that I preferred my ideas, with my good wife as operator, although I have regretted I never had a chance to treat a carbuncle for him by his heroic method of making a painful sore, more painful and prolonging the suffering by three useless repetitions, when one thorough lancing and the free carbolic acid treatment will do the work. A doctor seldom sees a boil soon enough to abort it, but if it is on yourself or one whom you can influence to come to you as soon as it appears as a tiny pimple, a sharpened toothpick, dipped in 95 per cent carbolic acid and bored into the center of the pimple, will abort it; but do not make the mistake of wrapping the toothpick with absorbant cotton, as the wood carries enough acid and sometimes too much. But if you will learn to use just enough, you can abort the boil and have no acid sluff to heal. If it is a four to six days boil or carbuncle ALWAYS follow the acid treatment with liberal application of Alcohol.

**TO PREVENT MORE BOILS** is the desire of every doctor, and this can be accomplished quicker if you will forget you are treating boils, as you have often been advised by Specific Medicationist, but treat the patient and not the name of his complaint. Especially study his diet and generally you will find he is a regular consumer of sweets or may be eggs, potatoes or something else that should be eliminated from his bill of fare. Such was the case with myself. I never had a serious or protracted illness, but for years I have had a foul, coated tongue and swarthy skin, and you, who have seen me at our annual conventions, have seen, to my chagrin, evidences of

boils, many scars of which I will carry all my years. After trying all the remedies and methods referred to in the foregoing pages, in Homeopathic, Allopathic and Eclectic doses, one night in January last I retired for a disturbed night's rest with boils and a disgusted mind for bed-fellows. I at last fell asleep, scheming what to try next, and in the morning awoke with a dream vividly impressed on my mind, that I should eliminate eggs from my diet. I had for years eaten one to three eggs daily. Also my sub-conscious mind, or whatever you wish to call it, had suggested to me that as the boils were always located in the skin, my capillary circulation was at fault and I should take a remedy to stimulate same, like Belladonna.

Nothing was to be lost by following the suggestion, which I did; and in a shorter time than might be credited I was free of the pesky fellows and have had none since, now almost five months. For three weeks after the dream I took Sp. Med. Belladonna every two to four hours, to its physiological effect, that characteristic dryness of mouth and throat. Then to this day I have taken one pill every night containing Belladonna, Aloes, Podophylin, Capsicum, a one-eighth grain, and Strychnine, 1-80 grain. Since taking this treatment I have had no boils to abort, but if I feel any suspicious itching of the skin or stinging like a bee sting, I reinforce the pill with two or three days' dosage of the Belladonna. So, in conclusion, I am sorry, for your sake, to report that having removed the fertile experimental field of operation, and having had no other boily patients, I have not had another opportunity to again try the treatment that I think cured me; but it is my intention to further experiment on myself by again eating eggs with and without taking the pill or Belladonna.

The patient in question, a white man, about sixty, was in the Mattie Hersee Hospital suffering from an attack of malaria. While the nurse was taking his temperature, the patient says, he momentarily fell asleep and swallowed the thermometer. The nurse was afraid to say anything about it, but at the end of thirty-six hours, very much to her delight, it was passed from the bowels, registering 104 degrees F.

**CANCER—ITS MEDICAL TREATMENT.****A. S. Tuchler, M.D., San Francisco, Cal.**

(Read before the State Eclectic Medical Society.)

I wish to call your attention and to awaken a restudy of a neglected subject which must be combatted on purely medicinal lines.

Thus far, surgery has met its Waterloo. Who of you have not seen the return of this monster after six months to a year following a surgical operation? And who of you have simply shaken your wise heads in a negative way when a case presents itself to you which is beyond the knife, and subsequently, and rather fortunately for the sufferer, is cured of his affliction, if not too far advanced, by one who knows how, without an operation!

The direct indications for the manifestations or various symptoms of this disease can be applied on its treatment as in any other diseased condition. Surgery will never eradicate this affliction from the body of the sufferer. Doctor W. G. Jefferson of Portland, Maine, in the Therapeutic Record for April, 1912, calls attention to Hahnemann's classification of disease into three manifestations, viz: Psycosis, Syphilis and Psora.

"There are similarities between syphilis and cancer and psycosis and cancer. Psycosis is recognized by warty formations. Many cancers, especially the superficial skin kind, appear first as indefinite warty formations, evidences of the constitutional psycosis. Then again, glands are enlarged as in syphilis, and, furthermore, the remedies recognized as curative in syphilis are often peculiarly indicated in the treatment of cancer." Doctor Jefferson merely mentions these facts "simply to make it additionally clear that in cancer we have to deal with a non-surgical condition."

About one hundred years ago the fathers of the Botanic School of Medicine considered cancer as a blood disease and cured it with their simple botanic remedies. Following these pioneers, the founders of Eclectic medicine, some sixty years ago, such as Newton, Beach, Hill, Paine, Buchanan and many others, successfully coped with this disease by their herbal remedies.

Why is it that this teaching has been neglected at the present time in our colleges? In the scurrying after false gods, this study has been lost sight of. All the early successful teachings and demonstrations of the pillars of Eclectic Medicine have been entirely overlooked by us. Should they of blessed memory be entirely forgotten? They would have been

had not that noble, distinguished, deep thinker and student, Dr. Eli G. Jones of Burlington, New Jersey, one of their disciples, proved to us since 1869, that what they wrote in their day still holds good today.

There are many others in this country studying along the same lines with remarkable success. They go about it in an unostentatious way. No need for resorting to any questionable methods nor promiscuously advertising. Your patients and their friends will do that for you and be glad to do it.

Nor was it in America alone that this study was successfully carried out. In England, Dr. John Skelton, in 1865, a pioneer Eclectic, instructed his students how to cure cancer. Dr. Burnett, a noted Homeopath, also contributed copiously to the literature of the subject in 1878. We do not wish to slight Hale and Hughes, those deep thinkers and intellectual giants, who contribute many valuable remedies in the cure of cancer.

In contradistinction to the above contemporaries, we note Dr. Thomas W. Cooke, a surgeon of the Cancer Hospital in London, England. He wrote "that from 1851 to 1863 there were 413 cases of cancer operated upon. The average time of a recurrence was only six and one-half months." Dr. Monroe of Scotland operated upon "sixty cases of cancer; at the end of two years only four proved successful." Sir James Poget, one of London's greatest physicians, said, in speaking of cancer, "The number of cases in which cancer does not return is not more than one in five hundred." The surgical records of those days still hold good at the present time.

It may be of interest to relate a few cases from my limited experience in the treatment of this disease along the lines as taught by Dr. Jones.

In 1907, a lady of 54 years of age wished relief from cancer of the stomach. She had been in a local hospital, ready for an operation some time previously, but owing to a sudden illness of her husband, postponed the operation until after his recovery. But for a while she felt somewhat better, until her appeal to me. She is a German lady of good family history. A hard, painful nodule at the cardiac end of the stomach caused her much pain. It prevented her from swallowing or retaining anything in her stomach. Even water would cause obstinate vomiting and severe cramps. Was compelled to resort to rectal feeding until that means had to be abandoned. For a month she was barely kept alive under the influence of opiates.

About this time an article on cancer of the stomach by Dr. J. Jones, in Ellingwood's Therapeutist, came to my attention. It was the means of saving her life.

To overcome the weakened vitality and enfeebled nerve power, which is pronounced in those suffering from cancer, she received strychnine sulphate in 1-30th grain doses three times a day, hypodermically. Tongue was broad, indented at the sides, red colored, with a slight white coating. Acetic acid 1 dilution, five drops were given every four hours. This remedy was also applied externally over the painful region, to be kept on constantly by having gauze moistened with it and covered with oiled silk and bandaged. Also Lloyd's white hydrastin in 20-drop doses, was given every four hours, the latter administered in alternation every two hours with the acid.

The lady made a perfect recovery and can eat almost anything at the present time.

Acetic acid is especially indicated when cancer cells invade the stomach or upper intestinal tract. So is hydrastis and many other drugs.

There are certain remedies that do have a curative effect on cancer, no matter where the disease is located. They must be studied for their selective application and if applied to their respective indications, success will follow if the case is not beyond the reach of help.

Dr. Jones says "that no remedy nor combination of remedies will cure all forms of cancer. Disease, as it appears in various parts of the body, has a different pathological structure. It follows from this that in order to be able to treat cancer successfully, we must be able to adapt our remedies to the location of the disease as we find it in different parts of the body. A remedy that would affect cancer of the liver would have no effect upon cancer of the breast nor the rectum, or vice versa. One that would have a curative effect upon cancer of the tongue would not have any upon cancer of the stomach.

However, as a general thing, a weakened vitality, low blood pressure and enfeebled nerve power, are always characteristic of this disease, irrespective of its locality; therefore this must be raised to or near the normal as possible before we can expect any result from the indicated remedies; and it also depends upon whether the system of our patient will respond to the action of our medication or not.

In 1908, a lady eighty years of age applied for X-ray treatment for relief from scirrhus cancer of the breast. She had refused an operation at the hands of her family physician.

Found a painful, hard nodule in her right breast, one and one-half inches above and to the right of the nipple, about the size of a large walnut; skin was not broken, but red and puckered; glands were enlarged in the axilla; family history good; always in perfect health. This had its origin from a bruise

some years before, but no attention was paid to it until it became painful. She complained of extreme weakness. The whites of her eyes had a pearly tint, glistening in appearance with greenish yellow spots; pulse weak, rapid and easily compressed; blood pressure low. These symptoms will always be found in cancer. Tongue broad and indented at the sides, reddish base with a dirty white coating; bowels constipated; no appetite; flatulancy and distress after eating.

The remedies used were strychnine sulphate, grain 1-30, four times a day; sodium sulphate (sp. m.) grain x several times a day until the indication for its use was corrected; three hepatic Eclectic tablets (A. A. Co.) before retiring, so as to keep the bowels in good condition. The main reliance was placed on sp. m. Phytolacca and sp. m. hydrastis, each in five drop doses, together every three hours, for its effect on the cancer. Yet she did not respond to these remedies as I wished to see. She always complained of the extreme weakness. She was therefore given, in addition to the other medication, thirty drops of nuclein solution (A. A. Co.) under the tongue, to be thus absorbed twice daily. The effect was all that could be wished for. The X-ray was also applied every other day for ten minutes at a time from a Cornell treatment tube held close to the skin but kept in motion in order to relieve the pain in the breast. The diameter of the active surface of the tube is three-fourths of an inch. She made a perfect recovery in three months. The breast was perfectly normal two years later, when an attack of pneumonia proved fatal in three days.

#### CHRISTIAN SCIENCE AND THE J.A.M.A.

H. C. Smith, M.D., Los Angeles.

We seem naturally attracted to our opposites, therefore, I have always entertained a lusty admiration for the strong-minded individual with a will of adamant, who, whenever he makes up his mind on a subject, is serenely confident that he is right and that all who disagree with him are either groping in the darkness of error, or are maliciously and hopelessly contrary. Like the Irish juror upon the jury which disagreed, when asked for a reason, laconically replied: "Eleven of the contrariest men I ever saw." Or, like the other one who "was willing to be convinced but would just like to see the color of the man's hair that could convince him."

Not being one of these, but, on the contrary, singularly, open-minded, and inclined to believe everything I ever read or heard, was (and still am) an enthusiastic eclectic. Being thrown, through force of circumstances into a course of study

in a regular medical college, I was (and still am) very appreciative of and enthusiastic over their good points.

Next carried, on the popular wave, into the study of Christian Science, and Mary Baker G. Eddy's Science of Health, with Key to the Scriptures, I was only saved from rampant enthusiasm by the fact that it was too deep for me—couldn't make head or tail of what she was driving at.

But that was before the "reformed" editor of the J.A.M.A. started his "Propaganda for Reform," of the other ignorant and unregenerate irregulars; since which "start" I readily see that I made a grievous error in not grasping the psychological points in Christian Science.

In the J.A.M.A., Aug. 31, 1912, page 735, is an article entitled:

"Viburnum Compound—and Other Nostrums," in answer to a query from a correspondent. The following are extracts from the answer: "No analysis of Hayden's Viburnum Compound has been made in the Association laboratory, according to advertising circulars the preparation contains American Scull cap (*Scutellaria laterifolio*), cramp bark (*Viburnum Opulus*) and wild yam (*Dioscorea Villosa*). Since these drugs contain no well-defined therapeutically active ingredients, an analysis of the preparation would necessarily be unsatisfactory. There are a number of drugs which have obtained a reputation as being valuable in the treatment of diseases of women, without their therapeutic claims ever having been proved. It is said that some were used by the aborigines for such affections and we find a considerable number of them combined in various nostrums (sometimes with therapeutically active drugs), and exploited for the cure of female disorders, under the most extravagant and usually absurd claims."

"Uterine Sedative Elixir" (Eli Lilly & Co.), cramp bark, golden seal, Jamaica dogwood and pulsatilla."

"Practically all of these drugs, (except golden seal) are ignored in the standard works on pharmacology. Further, the results of a careful examination by the Council of Pharmacy and Chemistry of the therapeutic claims made for most of them shows that these claims are not sustained by reliable clinical experience." (Italics mine.)

Great Scotts of Cincinnati! And to think that some of us had had the nerve to flay the Christian Scientists, while all over these United States thousands of physicians have been administering the aforementioned pharmaceuticals, or their individual ingredients, and giving them credit for the relief of female distress, when the whole thing was psychological, the results being

due to their faith in the nostrums, and the patient's faith in the combination of nostrum and doctor. What intelligent physician who has seen the rapid and marked relief from a few doses of Hayden's Viburnum Compound (for example), reading the above, can blame the public for rushing to Christian Science, any old science, or no science at all, rather than pay their hard-earned money to such men, and get little or nothing in return.

While I rarely use the proprietary mixtures mentioned in the article, preferring to mix necessary medicines to suit the individual cases, I have used them sufficiently to know that they will do what is claimed for them, and that each individual ingredient of either proprietary named is an active and valuable remedy. Moreover, there are thousands of physicians who have had the same experience.

As to the reliability of the Council on Pharmacy and Chemistry, their attitude is summed up in a nutshell in the remarks of Prof. H. H. Rusby in the Ref. Handbook of the Medical Sciences, in an article on one of the drugs mentioned in this screed of the Council's, i. e., **Pulsatilla**. He says: "The clinical investigation of Pulsatilla has been greatly neglected by physicians, apparently with little better reason than that it is a favorite medicine with homeopaths and eclectics.

That it possesses powerfully active properties is sufficiently proven by its action upon the skin and mucous membrane.

Dr. Rusby is professor of *materia medica*, etc., in the New York College of Pharmacy and the University and Bellevue Hospital Medical College, and is an authority.

The Council on Pharmacy and Chemistry of the A.M.A. lay great stress on the presence of "well-defined therapeutically active ingredients," having reference to chemical compounds of a toxic nature, existing in a drug, or produced by destructive chemical analysis of it—as necessary proof of a drug's efficacy as a remedial agent. I have never seen any explanation for the stand taken, any more than I have seen reasons given by them why pilocarpine ( $C_{11} H_{18} N_2 O_2$ ) should be directly antagonistic in action to jaborine ( $C_{22} H_{32} N_4 O_4$ ), having the same elements in its composition, but in exactly twice the quantity. In other words, their laboratory analysis has not been of any value whatever, so far as determining the therapeutic uses of remedies; while clinically they are men of little or no experience. At the present time none of us is compelled to accept their reports in preference to the evidence of our senses, and the results of our own experience.

**THE SAVING OF HUMAN LIFE.****M. F. Bettencourt, M.D., Mart, Texas.**

The article in your September number, by Dr. E. P. Bailey, entitled "The Death Penalty a Relic of Medieval Barbarism," was read with much interest. Ours being the high calling of "saving human life," it is well that we make ourselves leaders in any movement that will tend toward that end.

The taking of a human being's life for any reason is morally wrong. Circumstances may make it excusable; but morally it can never be right. All our higher faculties tell us it is wrong; it is foreign to all of Christ's teachings; it is contrary to the commandment of God. The hangman does not find it pleasurable to execute the criminal even though he is upheld in his deed by the laws of man. Deep in his soul some unknown something tells him that in the eyes of God it is wrong; something repeats to him that when the final day comes he must face the Master, who gave him the command, "Thou shalt not kill" as a deliberate violator of his sacred command. The taking of life is an evil dating from the darkest ages, a relic of barbarism clinging upon the "civilized" nations of the Earth. Not until we shall have arisen above this custom of the barbarians and shall have ceased the murderous sacrifice of human life upon the gory altar of "Justice," shall we attain a real state of civilization.

For some years I have given this subject thought but have been unable to see wherein capital punishment or the taking of human life for any reason is morally just. One cannot but feel the greatest respect for the venireman who is rejected from jury service, in a trial in which life is at stake, because of "conscientious scruples." It is unfortunate that all men are not so possessed.

If we view the subject impartially and conscientiously, it becomes evident to us that there is one law above all other laws —the law of God. Man, in his wisdom, sees it necessary to break that law given us in the form of commands. Is it because the reasoning of the Supreme Judge was faulty, after all, or because the narrowness of man's vision prevents him from seeing some other route to justice? If God's commandments were given us to obey (and who doubts the fact?), would He, whom we attribute as All-wise, have commanded us to do the impossible or the unreasonable?

We may carry the thought farther. If it is wrong for me to kill and also wrong for you to kill (and it is), is it then not wrong for several of us, whether acting as a jury in a trial or even as an army in war, to take life? There were no provisions

or exemptions made in God's commandment, therefore is it presuming too much to believe that on the last great day some one will be held responsible by the Almighty for lives thus willfully taken?

The average individual when held in the firm grip of anger and by it urged to deeds of violence, becomes temporarily deprived of reason—momentarily insane—and an active agent for the Devil. When possessed by the passion he commits a deed for which he hurriedly repents when again his balanced self. Surely, he has done wrong. Unquestionably, we should employ active means to force such a character to exercise his will-power in the avoidance of evil. Without a doubt, we must enforce laws to restrain him and mete out to him appropriate punishment for his deeds of violence; but, however, even in the extreme case, is capital punishment the best means we can devise to make the wicked do right? Is the dying of an instantaneous death a more severe punishment than the living of a long life of remorse and prolonged mental torture? Wherein does the soul rejoice and in what does mankind profit by the murdering of a fellow being? Remorse will bring about repentance, and repentance, we are assured, is salvation to the wayward soul. It is the living that repent; the unrepented dead are deprived of that blessing. Punish him that deserves punishment, but because of God's command, because of a desire to do right and for the sake of the self that abides within, let mankind live.

#### THE TAKING OF LIFE.

Whene'er o'er reas'n, through Devil's plan,  
Vile anger gains a moment's rule,  
A serf is made of will of man  
And at soul's price he's Satan's tool.  
Before he knows whose realm he's in,  
A life he takes as if 'twere naught;  
Then, waking, sees hope flee from sin  
And views the change a moment's wrought.

O, self-control, where your retreat!—  
You, reins of anger, where; O, where!—  
While conscience strangled by defeat  
Must view the havoc sin would dare?  
'Twas wrong to kill; 'tis now too late,  
Blind Justice clamors for her turn;  
Upon her scales is laid his fate—  
Through judge, the jury's view we learn.

"Twas murder!" Murder! Murder! Murder!

Hear the echo how it rings!

"Decree of death 'pon who thus err!"

Thus, jury's will his life's end brings.

O, Justice, Justice! Who made you

That are above God's own will?

Or else, to judge and jury too

What mean the words, "Thou shalt not kill?"

Not punish crime? Ah, yes! With might!

But ev' as viewed through God's own eye.

Through deaths unnumbered, LIVE one might,

But only one is his to die!

This life is holy—of our Lord—

It is not mine nor yours to take;

To Him, who spun the "silver cord,"

Alone, the right its length to break.

The workers for "International Peace and the Abolition of War" by means of arbitration, are laboring in the right direction. Let us, whose mission it is "to save life," lend an active hand in pushing foward the noble work.

**CALIFORNIA STATE BOARD EXAMINATION, SAN FRANCISCO,  
AUGUST 6, 7, 8, 9, 1912.**

**HISTOLOGY.**

(Answer Ten Questions Only)

1. (a) Name three cutaneous glandular structures.  
 (b) Describe the histological structure of one of them. Make drawing.
2. Describe a transverse section made through the lower half of the oesophagus and tell how you would be able to distinguish between it and one from the cardiac end of the stomach. Make drawings.
3. What microscopic features would enable you to distinguish a section through lung tissue from one through omental tissue? Make drawings.
4. What microscopic features would enable you to distinguish a smear of normal blood from one made from red bone marrow, both stained by Wright's method? Make drawings.
5. Tell how you would be able to distinguish a section from the thyroid gland from one from the prostate gland of an old man. Make drawings.
6. Describe minutely how a transverse section of a normal human appendix would differ from a like section through the duodenum of a rabbit. Illustrate with drawings.
7. Name the encapsulated nerve endings and describe four of them. Illustrate with drawings.

8. Name the varieties of cartilage, describe each, and name locations where an example of each is found.
9. (a) Describe a cell characteristic of the cerebellum.  
(b) Describe a cell characteristic of the cerebrum.  
(c) Describe a cell characteristic of the ganglion on the posterior roots of the spinal nerve.  
(d) Describe a cell characteristic of the retina.
10. Describe a striated muscle cell. Make drawing.
11. What characteristics would enable you to distinguish a cerebro-spinal nerve fibre from a sympathetic nerve fibre. Make drawings.
12. What microscopic characteristic features would enable you to distinguish a section of the kidney from one from the liver. Make drawings.

#### PHYSIOLOGY.

(Answer Ten Questions Only)

1. Describe the function of ciliated epithelium and give five locations where such epithelium is found.
2. What are the functions of the columns of Goll and Burdach in the spinal cord?
3. Describe the action of the muscles of the iris, giving course of their innervation.
4. What is the function of the Eustachian tube?
5. What are the physiological factors which make blood transmission dangerous?
6. Does general blood pressure increase or decrease after a full meal? Give reasons for your answer.
7. How are heart rate and blood-pressure proportioned? What is the mechanism whereby this is accomplished?
8. To what general structures are (a) vaso-constrictor fibres distributed? (b) vaso-dilator?
9. What is the nature of the process of interchange of gases through the alveolar membrane of the lungs?
10. Describe the secretion of the small intestine (succus Entericus).
11. What is the function of the convoluted tubules of the kidneys?
12. What are the general functions of fats?

#### OBSTETRICS.

(Answer Ten Questions Only)

1. In breach presentation, occiput anterior, in what position would you place body of child in application of forceps to aftercoming head?
2. What do you understand by hyperemesis and what are the dangers?
3. In head presentation, occiput anterior but with extreme extension of chin so that face is presenting, mention three conditions, one of which must be present for successful delivery?
4. Give the number and names of the vertex presentations.
5. How would you make a diagnosis of the position of R. O. P.?

6. How would you make diagnosis of transverse position? Give management.
7. Describe placenta previa, giving symptoms and management.
8. Describe a pudendal hematoma. Differentiate between this and (a) adenomata, (b) abscess, and give the usual obstetric cause.
9. What are the dangers of breech presentation and what measures would you take to overcome them?
10. How would you make a diagnosis between extra uterine pregnancy and ovarian cyst?
11. Describe a successful method of preparing obstetric cases in private homes.
12. Discuss the matter of pregnancy occurring in fibroid uterus. Under what circumstances would you operate?

#### GYNECOLOGY.

(Answer Ten Questions Only)

1. Name and describe the ligaments of the uterus.
2. Name the varieties of ulcer occurring upon the external genitals and differentiate any two of them.
3. Define (a) Colpocele, (b) Cystocele, (c) Caruncle, (d) Tenaculum, (e) Menorrhagia.
4. Give differential diagnosis of abscess of the vulvo vaginal gland.
5. Give the symptoms of chronic infected endometritis.
6. Discuss the pathology of Retrodisplacement of the uterus.
7. Discuss the diagnosis of Retrodisplacement of the uterus.
8. Describe the gross and microscopical appearance of a fibro myoma of the uterus.
9. Give differential diagnosis between uterine fibro myoma and pregnancy.
10. Upon what would you base a diagnosis of carcinoma of the cervix uteri?
11. Give differential diagnosis of ectopic generation shortly after rupture has occurred.
12. Classify tumors of the ovary.

#### BACTERIOLOGY.

(Answer Ten Questions Only)

1. How do Plague bacilli enter the human body? Give two common methods.
2. How would you distinguish between Treponema Pallidum and other Spirilla?
3. How do the Trichina Spiralis get into the striated muscles? Why are they not found in the other tissues?
4. Name the pathogenic organisms which may be found in catheterized urine.
5. What is a Bacterial Vaccine? How is it made?

6. Name five bacteria which may cause Acute Primary Pneumonia.
7. How does the body actively repel the invasion of pathogenic bacteria?
8. Name five germs which may be found in Abscesses.
9. In acute arthritis of the knee how would you proceed to determine the cause? Give detail.
10. Name the pathogenic organisms which may be found in the blood.
11. Explain in detail how you would make a laboratory diagnosis of a suspected case of Tertian Malaria.
12. What organism is usually found in the throat in Scarlet Fever, what causes Sleeping sickness, Ringworm, Uncinariasis, Vincent's Angina?

#### HYGIENE.

(Answer Ten Questions Only)

1. What disease probably causes the most sterility in women? How?
2. What do we understand by the term "Typhoid Carrier?"
3. What is the cause of pneumonia, and what are the most important steps in its prophylaxis?
4. What diseases are causing the great mortality of the negro in America? Give some general hygienic suggestions for checking their ravages.
5. What great hygienic advance has been made in recent years in the construction of the school room? Give your idea, in a few words of a model school room.
6. For what great achievement toward the preservation of human life are each of the following men noted? Edward Jenner, Joseph Lister, Louis Pasteur and Robert Koch?
7. What steps should be taken by the Health Department of a municipality to control an epidemic of poliomyelitis?
8. Upon what conditions and temperaments does an arid climate at an altitude of 5000 feet or more usually act unfavorably? Whom would you advise to avoid a moist coast climate?
9. What are the most active steps now being made for the prevention of bubonic plague in America?
10. What is the theory of the prolongation of life by taking lactic acid in the form of buttermilk?
11. What condition of mind is most favorable to digestion? What advice would you give to a family in order to encourage this condition?
12. What should the health authorities of California do in order to be prepared for the opening of the Panama Canal?

#### PATHOLOGY.

(Answer Ten Questions Only)

1. After death from chronic arsenical poisoning describe the pathologic changes likely to be found.
2. Describe fully the relationship between Diabetes Mellitus and the liability to gangrene and the slow and difficult repair of wounds and injuries.

3. Give the pathology of Auricular Fibrillation or Heart block and what organic changes are likely to be found on autopsy.
4. Give the pathology of Tabes Dorsalis and draw a diagram of a section of the spinal cord in the dorsal region as you would be likely to find it in an advanced stage of the disease.
5. Describe the kidney as you would be likely to find it in a case of Chronic Nephritis in an old man who had been an excessive user of alcohol.
6. On microscopic examination what characteristic would cause you to decide whether a morbid growth was malignant or benign?
7. What is meant by infarct and where and under what circumstances are they most likely to occur?
8. Give the pathology of Herpes Zoster.
9. Describe fully why chronic Suppurative inflammation of the middle ear may easily become an alarming and often fatal disease and when this occurs what is usually the direct cause of death.
10. Describe the brain as you would be likely to find it after death from Senile Dementia.
11. Describe the pathologic changes you would find in the eye in an advanced stage of glaucoma.
12. Describe the condition on autopsy likely to be found in quickly fatal cases of Icterus Neonatorum.

#### GENERAL DIAGNOSIS.

(Answer Ten Questions Only)

Do not give pathology unless necessary for diagnosis.

1. Give causes of pain in left iliac region and differentiate two of the conditions enumerated.
2. Give symptoms and signs of acute anterior Poliomyelitis.
3. Differentiate an epileptic from a uremic convulsion.
4. Describe symptoms, course and complications of Pertussis.
5. Give the causes of jaundice in the adult.
6. Draw a diagram of the anterior chest wall and indicate thereon the position of the heart and the point at which the sounds made by each heart valve are best heard.
7. Give the symptoms and signs of simple glaucoma.
8. Describe a Syringo Myelia involving the posterior gray matter in the region of the central canal.
9. Give the differential diagnosis of cancer of the liver.
10. Differentiate Pyelonephritis from cystitis.
11. Give the cardinal points in the diagnosis and prognosis of Diabetes Mellitus.
12. Give the clinical and microscopical diagnosis of aestivo autumnal malaria.

**CHEMISTRY AND TOXICOLOGY.**

(Answer Ten Questions Only)

1. Describe the preparation of oxygen from potassium chlorate.
2. Name the compounds of silver which are insoluble in water.
3. Give the equation for the preparation of iodine from potassium iodide.
4. What is the action of water on salts of bismuth?
5. How is lactic acid made?
6. How are tannic and gallic acid distinguished from each other?
7. Describe in detail the process of extracting lactose from milk.
8. What happens when ethyl nitrate is boiled with caustic soda? Give the equation.
9. Give the chemical changes which take place in bread-making.
10. Show how alcohols are derived from water; how organic acids are derived from carbonic acid.
11. Name the poisons which may produce a measles-like eruption.
12. Mention at least ten important things to observe in making a post-mortem examination in a case of suspected poisoning.

**ANATOMY.**

(Answer Ten Questions Only)

1. Describe the arterial, venous, and lymphatic circulation of the small intestine.
2. Name the nerves and muscles involved in the following: (a) flexion of the thigh on the abdomen, (b) flexion of the foot on the leg, (c) flexion of the hand on the forearm.
3. Give the origin, course and distribution of the obturator nerve.
4. Give the surface markings of the liver, (a) area of absolute liver dullness.
5. Describe the origin, course and termination of the basilar artery.
6. Describe the origin, course and distribution of the 7th cranial nerve.
7. Give the boundaries and contents of Scarpa's Triangle.
8. Give the topography of the spleen on the abdomen, (b) pancreas.
9. Describe the membrana tympani giving its blood and nerve supply.
10. What vessels establish the collateral circulation after ligature of the third portion of the subclavian artery?
11. Describe the relationship between the tibia and fibula, bringing out the general characteristics of each.
12. Describe the pelvis axis (b) give the nerve supply of the sacro iliac joint.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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## OUR BUBONIC PLAGUE.

Recently we were asked about the present status of the bubonic plague in California; therefore this homily.

Some twelve years ago two or three cases were located in San Francisco. Immediately the scare was on, and it is still on in the minds of some, so far as that is concerned, notwithstanding there has not been reported even a suspected case for more than a decade. Every few weeks there is an article going through the daily press which purports to show what California is doing to obliterate the bubonic plague, with the inference that still more money is required to kill the ground squirrels. For be it known that a large percentage of ground squirrels have bubonic plague and that they are just aching to give it to human beings. Therefore by all means kill the ground squirrels. It does not need a very brave man to kill a ground squirrel when necessary to protect his own fireside. Even a boy might do it. In fact, boys are the chief avengers and the scalps of the enemy are sold to the state by the thousand every month. To be sure it is dangerous work, and the reward is only fair, but our boys are brave boys. For, if a squirrel infected with bubonic plague is a menace to the entire state, it surely requires courage to carry his carcass around in one's hip pocket. Such conduct is a little careless, perhaps, but as we said, they are brave boys and we are proud of them. Besides they need the

money to buy baseballs, etc. Someone suggested that a percentage of this fund be set aside to erect a monument in honor of the fallen heroes. However, the project never matured, because these heroes are all alive. For strange as it may seem, the people of California have been thus intimately and constantly exposed for more than a decade, to ground squirrels said to have bubonic plague, and not one single person has taken the disease.

The logical conclusion is that whether or not the ground squirrels have bubonic plague is quite immaterial, for it is not communicated to human beings. The people of California have suffered from this stupidity and ten years is enough of it. If the farmers need a bounty to encourage them to kill these pests, well and good; but let us get rid of this nonsense about the danger of our contracting bubonic plague from the squirrels.

#### SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

#### LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on September 3rd, at 8:30 p. m., at the college.

In the absence of the President, Dr. H. C. Smith acted as chairman.

Minutes of the previous meeting were read and approved.

The Committee on Resolutions reported and Dr. Baird read the resolutions in memory of Dr. W. J. Lawrence. These were adopted and ordered spread upon the minutes of the Society.

The evening was devoted to a discussion of Acute Anterior Polisneyelitis, in which all those present participated.

The next meeting will be held on October 1st, at the usual hour and place.

Adjournment.

P. M. WELBOURN, Sec'y.

H. C. SMITH, Pres. Pro tem.

#### RESOLUTIONS.

Whereas, in the wisdom of an all-wise Providence, it pleased Almighty God, the loving Heavenly Father, to remove from our midst our honorary member, W. J. Lawrence,

Be it resolved, That we, the members of the Los Angeles County Medical Society, most sincerely deplore the loss the Society has sustained in the death of so loyal a member; the profession an intelligent, educated, conscientious practitioner; the world a wise, kind, Christian gentleman, and the family a most indulgent, faithful, loving husband, father, son and brother.

And be it further resolved, That these resolutions be spread on the minutes of the Society and read at the next meeting and published in the California Eclectic Medical Journal.

And further, that a copy be sent to the bereaved widow with whom we most sincerely condole in her affliction.

Signed in behalf of the Society:

A. P. BAIRD,  
H. V. BROWN,  
L. A. PERCE,  
Special Committee.

#### NEWS ITEMS.

Dr. John Fearn, Oakland, who has been ill, has gone to the Santa Cruz mountains to recuperate.

Dr. Q. A. R. Holton, Whittier, has left the Westlake Hospital and is convalescent at home.

Dr. T. Spaulding, of this city, recently from Terre Haute, Indiana, has been very ill in the Westlake Hospital.

Dr. B. E. Fullmer is enjoying a vacation in the East and in the meantime Mrs. Fullmer has been a patient in the Westlake Hospital for a few days.

Dr. E. R. Harvey, Long Beach, has gone East for a few weeks' post graduate work in Rochester, Minn., and Chicago. The trip was made over the Canadian Pacific railroad, and the Doctor was accompanied by his wife and son.

Mrs. Edith Roussell, of Belmont, Cal., and Mrs. Viola Roussell, of San Francisco, Cal., daughters of Dr. Vandre, are not only sisters, but sisters-in-law as well, having married brothers, are seeing Los Angeles and Southern California.

Dr. Emmet Cook, a surgeon of St. Joseph, Mo., is visiting friends in Los Angeles. He is pleased with the business and appearance of the city and thinks some of moving here.

Mrs. J. C. Bainbridge and daughter of Santa Barbara, who have been in the city a number of weeks, have returned to their home.

The Westlake Hospital has two residences which it wishes to sell and have removed in order to make way for the new building.

A correspondent writes: "I have something to offer to a reliable druggist who would like something in a mountain town—either a strictly reliable man or woman, an elderly one preferred."

Dr. J. Liftchild, Ukiah, sends word to the "Southern Bunch" that he is coming on a visit to get better acquainted. We shall be pleased to see the Doctor.

Dr. L. B. Weatherbee has changed his address in Oakland to College avenue at Claremont.

We have received renewals of subscriptions from the following since last month: Drs. J. Liftchild, Ukiah; L. B. Weatherbee, Oakland; F. A. Greene, New York; E. F. West, San Francisco; E. R. Petskey, Calexico; F. M. Planck, Kansas City, Mo.; G. W. Harvey, Big Pine; A. S. Tuchler, San Francisco; J. G. Tomkins, Oakland, and L. A. Perce, Long Beach.

Dr. E. R. Petskey, was a recent visitor in the city, bringing a surgical case to the Westlake Hospital from Mexicali, Mexico.

Dr. H. F. Scudder, Redlands, was in the city on September 16th, attending the opening of the California Eclectic Medical College.

The Southern California Branch of the League for Medical Freedom has decided to disband, considering their work finished—and has sent notices to all their members to that effect.

Dr. O. C. Darling, Riverside, was in the city recently. The Doctor has added another member to his proteges among the Westlake Hospital nurses.

#### WESTLAKE HOSPITAL ALUMNI NOTES.

Miss Agnes Vaughan and Miss Edith Kroeck spent a pleasant vacation in the mountains.

Miss Margaret Hanson has accepted a position in a hospital in Bakersfield, Cal.

Miss Faye Booze, Long Beach, has gone to Ohio to visit her relatives for six weeks.

Miss Anna Meuser has returned from a seven-weeks' stay at the beach, where she took care of a case of infantile paralysis.

**READING NOTICES.**

In children convalescing from acute infectious diseases, whooping-cough, bronchitis and similar affections, Cord. Ext. Ol. Morrhuae Comp. (Hagee) is always indicated; nor is it necessary to dwell upon the fact that in scrofulosis, rickets and other diseases of malnutrition, there is nothing better than Cord. Ext. Ol. Morrhuae Comp. (Hagee), and it has always been relied upon in tuberculosis. On account of its palatability, patients will take it in quantities, and long enough to secure results.

The Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, are to be congratulated on securing the services of Mr. Harold B. Scott as Manager of the Company, to succeed J. C. Bradley, who is retiring from that position.

Mr. Scott is a bright, energetic young man, a graduate of Yale University with the degree of A.B. Upon his graduation from college he entered the commercial world where he has enjoyed a wide, varied and successful experience in developing one of the great industries of our country. He is peculiarly well fitted for the management of a proprietary house, and his connection with Antiphlogistine will doubtless lead The Denver Chemical Mfg. Co. to spell success with larger letters than ever before.

**CELL NUTRITION.**

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**THE CONTROL OF PAIN.**

The work of the conscientious physician is many sided and diverse, but no part or detail of his manifold duties is ever more obligatory or imperative than the control of pain. In the presence of physical suffering any other consideration than its prompt and positive relief, with rare exception, becomes of sec-

ondary importance. But insistent and pronounced as the physician's duty always is to control and assuage the pains to which human flesh is subject, it should ever be his aim to accomplish this noble purpose in the best, as well as in the quickest possible way. Otherwise, with regard only for a patient's comfort, it is extremely liable that the agencies of relief will be attended by consequences serious in the extreme and not infrequently more harmful in effect than the original pain itself.

The foregoing has particular significance for the cautious physician, inasmuch as he has in Papine a pain-relieving measure that enables him to control pain promptly and effectively, with the least possible untoward action. Representing as it does all the anodyne properties of the most potent opiate, but with the usual objectionable features reduced to a minimum, Papine is undoubtedly the most efficient analgesic at the command of the profession. Compared with the useful opiate, Papine will be found much more free from those disagreeable effects ordinarily considered inseparable from preparations of opium, such as constipation, nausea, gastro-intestinal derangement, and tendencies toward habit formation. Thus it can be employed in a wide variety of conditions with confidence, not alone in its anodyne and sedative action, but equally in its avoidance of disagreeable or unpleasant by-effects. In brief, Papine is the ideal preparation of opium, presenting all the advantages of this well-nigh indispensable drug with its nauseating, constipating and habit-forming tendencies reduced to a minimum. Innumerable physicians use it to the exclusion of all other opiates, since it enables them to secure all of the well known benefits of the most potent opium derivative—with gratifying freedom from the usual disadvantages.

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calm and restful; the patient awakens as refreshed as from natural sleep. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta.

#### HIGH-POTENCY ANTITOXIN.

A noticeable preference for concentrated anti-diphtheric serum (globulin), as compared with the older or "regular" form of diphtheria antitoxin, has manifested itself among the medical fraternity. "High potency, small bulk," appears to be the order of the day. A good index to the tendency in this direction may be found in the offerings of the manufacturers, who, as a matter of course, are promptly responsive to each new demand of the profession. For confirmation of the belief that the concentrated product is now in the ascendancy, one has but to turn to the announcement of Parke, Davis & Co. in the current number of this journal, "Antitoxin that Justifies Your Confidence." Here one finds prominently featured the concentrated antidiphtheric serum (or globulin). It is interesting to note in this connection that a wider range of dosage than formerly is now offered—from 500 to 10,000 antitoxic units—the larger doses, of course, being provided for severe, late or other exceptional cases. And herein, at least, is one undisputed point in favor of the concentrated antitoxin; when a large dose is needed, it can be administered in this form without difficulty and with little danger of disturbance, owing to the comparative smallness of its bulk.

Some physicians, it may be noted, are under a misapprehension as to the nature of the concentrated antidiphtheric serum (globulin), assuming that it is widely different from the product which they have known for years as antidiphtheric serum. The idea is wholly erroneous. Concentrated antidiphtheric serum (globulin) is the regular product, precipitated and purified, from which most of the serum constituents have been eliminated except those bearing the antitoxin. It is in no sense inferior to the original serum—on the contrary, as previously noted, it possesses the advantage of lesser bulk.

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